

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26160
3503

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|---|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>5 Yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital #2</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1227 Euclid Ave</u> 325-8 0 | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Betty</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>Gardner</u> | |
| 4. DATE OF DEATH | | (Month) <u>8</u> | | (Day) <u>8</u> | | (Year) <u>1955</u> | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u> | | 8. DATE OF BIRTH <u>1875</u> | |
| 9. AGE (In years last birthday) <u>80</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville Tenn</u> <u>1</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | 13a. FATHER'S NAME <u>John Whitaker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rena</u> (<u>—</u>) | | 14. NAME OF HUSBAND OR WIFE <u>James Gardner</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Bulah Holmes</u> | | ADDRESS <u>1227 Euclid</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES <u>DUE TO (b) Cerebral arteriosclerosis.</u> <u>DUE TO (c)</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>331K</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>8-1-55</u> , 19 <u>55</u> , to <u>8-8-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-8-55</u> , 19 <u>55</u> , and that death occurred at <u>11:25 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. Frank Ellis</u> | | (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>600 East 22nd Street</u> | | 23c. DATE SIGNED <u>8-9-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>August 11 55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>8-10-55</u> | | REGISTRAR'S SIGNATURE <u>Reva Minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Funeral Home</u> | | ADDRESS <u>Kansas City, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 44

P. O. Address 200 0th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.